

In re §  
MOTORS LIQUIDATION COMPANY, et al § Chapter 11 Case No.  
f/k/a General Motors Corp., et al § 09-50026 (REG)  
§  
§  
Debtors, § (Jointly Administered)

**CODY REYNOLDS' RESPONSE TO DEBTORS THIRTY-SEVEN OMNIBUS  
OBJECTION TO CLAIMS**

TO THE HONORABLE ROBERT E. GERBER  
UNITED STATES BANKRUPTCY JUDGE:

Cody Reynolds (Creditor) respectfully represents:

1. On November 23, 2009, he filed his claim with attachment (A) with Debtors.
2. Cody Reynolds again files his claim with attachment (A).

WHEREFORE, CODY REYNOLDS prays that Debtors request for relief be in all things  
denied.

Respectfully submitted,

BY:       /s/        
DAVID A. SLAUGHTER  
State Bar Number 18488000  
17225 El Camino Real, Suite 415  
Houston, Texas 77058  
(281) 280-8066  
(281) 280-8185 FAX  
ATTORNEY FOR PLAINTIFF

In re	§	
MOTORS LIQUIDATION COMPANY, et al	§	Chapter 11 Case No.
f/k/a General Motors Corp., et al	§	09-50026 (REG)
	§	
	§	
Debtors,	§	(Jointly Administered)

**ORDER ON DEBTORS' THIRTY-SEVEN OMNIBUS OBJECTION TO CLAIMS**

IT IS ORDERED that Debtors' Thirty-Seven Omnibus Objection to claims of creditor  
Cody Reynolds are DENIED and that Cody Reynolds claims are not expunged and shall proceed  
until finally disposed of by this Court.

SIGNED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2011.

\_\_\_\_\_  
UNITED STATES BANKRUPTCY JUDGE

Case No. 09-50028 (REG)  
09-50028 (REG)  
09-13558 (REG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the bankruptcy filing date, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(7) for an administrative expense. All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 502.

Name of Creditor (the person or other entity to whom the debtor owes money or property): **REYNOLDS CO**

Name and address where claims should be sent:  
**REYNOLDS CO  
REYNOLDS, OK  
1720 N. CANNON ROAD STE 310  
HOUSTON, TX 77060-3720**

Telephone number:  
Email Address:  
Name and address where payments should be sent (if different from above):

☐ Check this box to indicate that this claim amends a previously filed claim.  
Court Claim Number: **314433**  
(if known)  
Filed on: **5/30/2006**

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  
☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Bankruptcy Filing Date, June 1, 2006: **\$ 15,317.86**  
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is secured pursuant to 11 U.S.C. § 503(b)(7), complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: **Trade account payable**  
(See instruction 62 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_  
In. Debtor may have substituted account no. \_\_\_\_\_  
(See instruction 62 on reverse side.)

4. Secured Claim (See instruction 62 on reverse side)  
Check the appropriate box if your claim is secured by a lien on property as a right of set-off and provide the requested information.  
Nature of property or right of set-off: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other  
Description: \_\_\_\_\_  
Value of Property: \$ \_\_\_\_\_ Amount Interest Rate: \_\_\_\_\_ %  
Amount of payments and other charges as of claim case filed included in secured claim, if any: \$ \_\_\_\_\_  
Basis for perfection: \_\_\_\_\_  
Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ **15,317.86**

5. Creditors: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  
Date: **11/2/07**

**Cathy Reynolds**



If an answer is identified above, you have indicated by one of the filings in this case that you have a claim against the estate of the debtor. If you have a claim against the estate of the debtor, you do not need to file this claim form. (See instruction 62 on reverse side.) If the claim is listed in the schedule of creditors, a proof of claim is not required. If you have a claim against the estate of the debtor, you do not need to file this claim form. (See instruction 62 on reverse side.)

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507  
If any portion of your claim is in one of the following categories, check the box and state the amount.

- Specify the priority of the claim.
- ☐ Domestic support obligations or 11 U.S.C. § 507(a)(1)(A) or (B)
  - ☐ Wages, salaries, or commissions (to \$10,000\*) earned within 180 days before filing of the bankruptcy petition or creation of the debt business, whichever is earlier - U.S.C. § 507(a)(2)
  - ☐ Contributions to an employee plan - 11 U.S.C. § 507(a)(3)
  - ☐ Up to \$2,000\* of deposits for purchase, lease, or rental of goods or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)
  - ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
  - ☐ Value of goods received by the debtor within 20 days before date of commencement of the 11 U.S.C. § 507(a)(9) (1) 507
  - ☐ Other: Specify applicable part of 11 U.S.C. § 507(a) \_\_\_\_\_ 1  
Amount entitled to priority \_\_\_\_\_

\* Amounts are subject to adjustment of 1/10 and every 3 years thereafter pursuant to annual adjustment on or the date of adjustment.

FOR COURT USE





**RADIOLOGY ASSOCIATES**  
OF SAN ANTONIO, P.A.  
Diplomates American Board of Radiology  
**ADVANCED MEDICAL IMAGING**

145704

Edward R. Meador, M.D.  
Bernardo Elencio, M.D.  
Donald W. Greenback, M.D.  
P. Stuart Brown, Jr., M.D.  
Kenneth S. Rugh, M.D.

Adrian Kapte, M.D.  
William T. Sullivan, M.D.  
Adam V. Nasher, M.D.  
John T. Berchard, M.D.  
Giberto Codrini, M.D.

Kenneth D. Williams, M.D.  
John L. Arfons, M.D.  
James D. Lutz, M.D.  
Peter V. Bernardo, M.D.  
Jorge A. Valer, M.D.

William S. Amstutz, M.D.  
Barbara M. Sullivan, M.D.  
Kathryn A. Sandawa, M.D.  
Jorge Valer, M.D.  
Barbara Sullivan, M.D.

Patient Name: **Reynolds, Cody** Advanced Medical Imaging - Medical Center

DOB: 7/4/1980  
Med. Rec. #: 374818

Exam Date: 6/28/2004

Harry E. Schilling, M.D. (A, 3, 5)  
4775 Hamilton Wolfe  
Suite #13323  
San Antonio, TX 78228

**CT PARANASAL SINUSES:**

J26455dde-f

Thin-section axial and coronal scans were obtained.

Multiple fractures are present including the following:

- Bilateral comminuted and depressed and displaced nasal bone fractures.
- Fracture through the frontal process of the right maxilla and lacrimal bone traversing and deforming the right nasal lacrimal canal.
- Fracture through the left frontal bone just superolateral to the nasion, probably traversing the inferior margin of the left frontal sinus.
- Fractures through the lamina papyracea bilaterally with buckling.
- Fracture through the right orbital floor with an approximately 1.1 cm. diameter bone fragment in the medial orbital floor displaced slightly superiorly.
- Probable fracture through the medial portion of the left orbital floor just medial to the left infraorbital canal.
- Fractures through the anterior maxilla bilaterally extending to the lateral nasal wall in the inferior meatus on both sides, and probable fracture through the inferior portion of the nasal septum.

Mucosal thickening and fluid is present in the maxillary sinuses. Mucosal thickening is present in a number of ethmoid air cells and in the frontal sinuses. There is no proptosis. The right inferior rectus muscle is closely related to the orbital floor fracture and could be partially trapped. Air is present in the superior portion of the left orbit, presumably from fracture of the left frontal or left ethmoid sinuses.

**IMPRESSION: EXTENSIVE MID-FACE FRACTURES WITH COMMINATION, WITH POSSIBLE ENTRAPMENT OF THE RIGHT INFERIOR RECTUS MUSCLE, AND DEFORMITY OF THE RIGHT NASAL LACRIMAL CANAL.**

1

ADVANCED MEDICAL IMAGING - BOWEN  
ADVANCED MEDICAL IMAGING - GROWN MR  
ADVANCED MEDICAL IMAGING - MEDICAL CENTER  
ADVANCED MEDICAL IMAGING - NORTHEAST  
ADVANCED MEDICAL IMAGING - SOUTHSIDE  
ADVANCED MEDICAL IMAGING - STONE OAK  
ADVANCED MEDICAL IMAGING - VILLAGE DRIVE

114 Trade Avenue • Boerne, TX 78008 • (817) 340-4872 • FAX (817) 340-7882  
5202 Medical Drive #100 • San Antonio, TX 78228 • (210) 817-3340 • FAX (210) 817-0941  
3829 Babcock #218 • San Antonio, TX 78228 • (210) 814-3288 • FAX (210) 814-3288  
12802 Tepperwade #101 • San Antonio, TX 78233 • (210) 884-1880 • FAX (210) 884-1881  
7398 Barba #250 • San Antonio, TX 78224 • (210) 883-8800 • FAX (210) 883-8801  
840 Cohn Centre Drive #100 • San Antonio, TX 78228 • (210) 402-6747 • FAX (210) 402-6787  
8800 Village Drive #102 • San Antonio, TX 78217 • (210) 884-3570 • FAX (210) 887-0885



## Payment Report

**Order Online:**

00000462810000-02

3. **What is the main purpose of the document?**

**6666666666 FAX: 6661672004**

14-00000

**Copy Number**

Case Number	Paid Amt	Charge Amt	Request Date	Provider Name	Date Serv
20040014600000	\$120.00	\$130.00	Pain In Joint, Lower Leg	Cable Leaches	06/20/2004
200400220007000	\$140.04	\$000.00	Injury Of Face And Neck, Open	Dan Wayne Under	06/20/2004
20040022070703	\$27.00	\$31.00	Unspecified Chest Pain	Cable Leaches	06/20/2004
200400220007000	\$700.24	\$027.00	Unspecified Chest Pain	Ruby P Scott	06/20/2004
200400230027000	\$263.00	\$000.00	Injury, Other And Unspecified,	Subcar Area Facility East	06/20/2004
200400112100000	\$200.00	\$400.00	Closed Fracture Involving Str	Podiatry Assoc Of San An	06/20/2004
200400000000000	\$200.00	\$420.00	Alergic Reactions Due To Pains	David J Fleming	06/01/2004
200400070007000	\$200.00	\$301.20	Wrist And Metacarpal Fracture, Open	John D Young M	06/02/2004
200400110420001	\$1,100.00	\$2,000.00	Wrist Bones, Open Fracture	Specialty Surgery And Pri	06/04/2004
20040022016000	\$1,000.01	\$4,300.00	Wrist Bones, Closed Fracture	Henry E Seveling	06/04/2004
200400770001000	\$040.00	\$2,047.00	Digital Four phalanx-Osteo	John D Young M	06/04/2004
200400000000000	\$700.00	\$1,400.00	Closed Fracture Of Base Of 2d	John Hall	06/04/2004
200400000000000	\$302.75	\$400.00	Unspecified Site Of Ankle Spr	Water W Sprink	07/27/2004

**Tomb Charge:**  
**Tomb Paid:**

82-001-107

**EXHIBIT "A"**